

Message: Updated Invoice Template for June**✉ Updated Invoice Template for June****From** Kraft, Emily**Date** Wednesday, May 31, 2017
2:17 PM**To** Kristen M. Setterlund, MSW,
LCSW**Cc** [**LFCS Invoice Template.xlsx**](#) (16 Kb HTML)

Hi Kristen,

I have attached a revised invoice template with the additional funding that you requested. I have plugged in the amount I have recorded for your previously invoiced total, so please review to ensure it matches your records, sign, and return.

Thanks,

Emily Kraft

*Alternatives to Abortion Program Manager
Truman Building, Room 430
Jefferson City, MO 65102
Phone: (573) 522-0003*

Invoice

A B

C D E F G H I J K L M

Alternatives
to Abortion
Invoice

1
2

Contract # CS170042007

**Vendor
Name:** Lutheran Family
and Childrens
Services of
Missouri

3

**Vendor
Number:** 43065265000/MB00091282

**Vendor
Address:** 9666 Olive Blvd
Suite 400
St. Louis, MO
63132

5

6

Bill To: Office of
Administration
Commissioner's
Office
201 W. Capitol
Ave, Room 125
Jefferson City,
MO 65101

10

11 **Invoice**

12 Number:

13 Invoice Date:

Service

14 Period:

15

16

	Total Contracted Allocation	Prior Invoiced Total	June Award Amount
17	\$ 463,539.27	\$ 333,926.38	\$ 129,612.89
18			
19			
20	Quarterly expenditure		\$ -

21 adjustment:

22

23 Total Due: **\$**
129,612.89

24

Allocation

\$ -

25 Remaining

26

27

28

29

30 Signature: _____

31

32

33

34

35